

U.S. DEPARTMENT OF ENERGY  
**RETIREMENT WORK ORDER**

1.  LOSS     THEFT     DAMAGE     UNSERVICEABLE     INVENTORY SHORTAGE

CERTIFICATE OF LOSS OR DAMAGE

2. Report No.

3. Date

4. NAME OF REPORTING PERSON

5. OFFICE TELEPHONE NO.

6. ORGANIZATION/  
ROUTING SYMBOL

7. OFFICE ADDRESS (INCLUDE BUILDING AND ROOM)

8. DATE OF OCCURRENCE

9. TIME

10. PLACE

11. DOE TAG	DESCRIPTION	MAKE	MODEL	SERIAL NUMBER	ORIGINAL COST

12. CIRCUMSTANCES CAUSING REPORTED STATUS OF PROPERTY. (IF LOSS OR THEFT, INCLUDE HOW DISCOVERED AND INFORMATION AS TO SUSPECTS, WITNESSES AND ATTEMPT AT RECOVERY OF PROPERTY.)

13. SIGNATURE OF REPORTING PERSON

DATE SIGNED

**14. ACTION TAKEN BY ACCOUNTABLE PROPERTY REPRESENTATIVE (APR)**

NOTIFIED GUARD SERVICE:

REMARKS:

NO \_\_\_\_\_

YES \_\_\_\_\_

DATE \_\_\_\_\_

N/A \_\_\_\_\_

15. SIGNATURE OF APR

DATE SIGNED

**16. ACTION TAKEN BY PROPERTY ACCOUNTABLE OFFICER (PAO)**

THE CONDITION ASSIGNED TO THE ABOVE PROPERTY IS \_\_\_\_\_

THE DISPOSITION CODE ASSIGNED TO THE ABOVE PROPERTY IS \_\_\_\_\_

PURCHASE ORDER NO. \_\_\_\_\_ PURCHASE ORDER DATE \_\_\_\_\_ DELIVERED \_\_\_\_\_

IT IS HEREBY RECOMMENDED THAT THE FOLLOWING ACTION BE TAKEN:

17. SIGNATURE OF PAO:

DATE SIGNED:



18. ACTION TAKEN BY:  MEMBERS OF RETIREMENT PANEL  RETIREMENT OFFICER

**CERTIFICATION**

19. CHECK THE APPLICABLE BLOCK

- THIS IS TO CERTIFY THAT THE PROPERTY LISTED HEREON HAS BEEN INSPECTED BY THE UNDERSIGNED AND ITS CONDITION AND PRESENT ESTIMATED VALUE ARE AS SHOWN. THE FINDINGS LISTED BELOW SUBSTANTIATE THE RECOMMENDED DISPOSITION SET OUT ON THE FACE OF THIS FORM.
- THIS IS TO CERTIFY THAT THE CIRCUMSTANCES SURROUNDING THE LOSS, THEFT OR DAMAGE OF THE PROPERTY LISTED HEREON HAVE BEEN INVESTIGATED BY THE UNDERSIGNED AND THE FINDINGS AND RECOMMENDATIONS ARE LISTED BELOW:

20. FINDINGS:

21. RECOMMENDATIONS:

22.

_____	_____	_____
DATE	SIGNATURE	TITLE
_____	_____	_____
DATE	SIGNATURE	TITLE
_____	_____	_____
DATE	SIGNATURE	TITLE

**23. REVIEWING AUTHORITY'S ACTION**

<input type="checkbox"/> APPROVED	SIGNATURE OF REVIEWING AUTHORITY	DATE
<input type="checkbox"/> DISAPPROVED		

**24. CERTIFICATE OF DISPOSITION**

I CERTIFY THAT THE PROPERTY LISTED HEREON HAS BEEN DISPOSED OF IN THE FOLLOWING MANNER:

_____	_____	_____
DATE	SIGNATURE	TITLE

**25. FOR APPROVED DESTRUCTION ONLY**

I CERTIFY THAT I HAVE WITNESSED THE DESTRUCTION (REDUCTION TO SCRAP) OF THE ITEMS LISTED ON THIS DOCUMENT.

_____	_____	_____
DATE	SIGNATURE	TITLE

**26. FINAL ACTION BY PROPERTY ACCOUNTABLE OFFICER**

DATE TO IG	DATE TO NN	DATE TO HR	DATE TO ADP
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# INSTRUCTIONS FOR COMPLETING HQ F 1400.20 (TYPE OR PRINT)

*Detach these instructions before completing form.*

1. Check the appropriate box. To be completed by the APR.
2. To be assigned by the PAO as received, regardless of the report origin. When preparing certificates of loss or damage, use a number from the retirement work order register, but add CLD immediately after the number to identify it as a certificate of loss or damage. Example: R-1-001-82CLD.
3. Self-explanatory. To be completed by the PAO.
- 4.-13. Self-explanatory. To be completed by the reporting person.
- 14.-15. To be completed and signed by the APR.
- 16.-17. Enter the information as noted. To be completed and signed by the PAO.
18. Complete the appropriate block. To be completed by the PAO.
19. Complete the appropriate block. To be completed by the Retirement Panel or Retirement Officer.
20. Enter findings. To be completed by person(s) designated in Line 18 when appropriate.
21. Enter recommendations. To be completed by person(s) designated in Line 18 when appropriate.
22. To be completed by Retirement Panel or Retirement Officer.
23. To be completed and signed by the Reviewing Authority.
24. To be completed and signed by the PAO.
25. To be completed by a member of the Retirement Panel, local Retirement Officer, or a DOE employee designated by the Reviewing Authority to witness destruction or reduction to scrap.
26. To be completed by the PAO.